

ARIZONA STATE BOARD OF HEALTH

1. County of San Diego

District of

Town of Hanson

OF

City of _____ No. _____ St. _____ Ward _____

2. Full name of child Manuel Romero

| | | | | |
|--------------------------------|--|--------------------------------|------------------------------|---|
| 3. Sex of Child <i>Male</i> | To be answered ONLY in event of plural births. | 4. Twin, triplet or other..... | 6. Legitimate? <i>Yes</i> | 7. Date of birth <i>Nov 12 1928</i> Month Day Year |
| | | 5. No. in order of birth..... | | |

| | | | |
|-----------|-------------------------|------------------|-----------------------|
| 8. | FATHER | 14. | MOTHER |
| Full name | <i>Francis P. Power</i> | Full maiden name | <i>Eliza G. Gable</i> |

9. Residence (Usual place of abode) *Hayahin*
If non-resident, give place and state.

| | | | |
|---------------------------------|--|--------------------------------|--|
| 10. Color or race <i>Mex</i> | 11. Age at last birthday <u>32</u> (Years) | 16 Color or race <i>Mex</i> | 17. Age at last birthday <u>21</u> (Years) |
|---------------------------------|--|--------------------------------|--|

12. Birthplace (city or place) La Colorada
(State or country) San Mex

18. Birthplace (city or place) Patergonia
(State or country) Ariz

| | | | | | | | |
|--------------------------------------|--------------------------------------|--------------------------------------|--------------------------------------|--------------------------------------|--------------------------------------|--------------------------------------|--------------------------------------|
| 13. Occupation Nature of Industry | 14. Occupation Nature of Industry | 15. Occupation Nature of Industry | 16. Occupation Nature of Industry | 17. Occupation Nature of Industry | 18. Occupation Nature of Industry | 19. Occupation Nature of Industry | 20. Occupation Nature of Industry |
| Kabam | | | | | | Kabam | |

20. Number of children of this mother (Taken as of time of birth of child herein certified and including this child.)

(a) Born alive and now living _____

(b) Born alive but now dead _____

(c) Stillborn _____

21. Were precautions taken against ophthalmia neonatorum?

Yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born (Born alive or stillborn) at 1 m, on the date above stated.

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Signature Harold R. Hurst (Physician or midwife)
 Address Hayden Ave. No.

Given name added from a supplemental report _____ Filed Nov 17, 1928 _____
Month, day, year _____ Local Registrar. W. B. Gosh

Filed _____, 19____ County Registrar.

Registrar

County Registrar.

H96-112-El6